



National Cancer Institute Center for Cancer Research

Fellowship Program in partnership with The Johns Hopkins University, MS in Biotechnology Program, Concentration in Molecular Targets & Drug Discovery Technologies Fellowship provides an annual stipend, depending on training, experience, and academic achievement, of \$22,200 to \$26,300, and the tuition costs for the MS in Biotechnology.

FELLOWSHIP CRITERIA:

- Accepted as a degree candidate in the MS in Biotechnology Program, Concentration in Molecular Targets & Drug Discovery Technologies
- Graduate from an accredited University/College (within the last three years)
- U.S. Citizen or permanent resident
- One course in probability and statistics, or biostatistics (or must take before starting degree program)

ADMISSION REQUIREMENTS

- Application
- Three Letters of Recommendation
- 500-Word Essay (Statement of Purpose for pursuing Fellowship)
- Resume
- Transcript

Submit this application, The Johns Hopkins University Advanced Academic Programs Application for the MS in Biotechnology Program, and all relevant admission materials to:

The Johns Hopkins University | Advanced Academic Programs | Office of Admissions
Suite G1 / Wyman Park Building | 3400 N. Charles Street | Baltimore, MD 21218-2685

Johns Hopkins will forward all eligible Fellowship Applications to the Center for Cancer Research | National Cancer Institute | Building 31 | Room 3A11 | 31 Center Drive | Bethesda, MD 20892 | Attention: Associate Director for Training and Education

PERSONAL INFORMATION

Name: ☐ Dr. ☐ Ms. ☐ Mr. _____
(First Name) (Middle Initial) (Last Name) (Other/Previous Names)

Date of Birth: ____/____/____ Birth City: ____ Birth State: ____ Birth Country: ____

Are you a U.S. Citizen? ☐ Yes ☐ No If you are not a U.S. Citizen, are you a Permanent Resident? ☐ Yes ☐ No

CURRENT ADDRESS

Address Valid Until: _____
(Month) (Date) (Year)

Mailing Address: _____

(City) (State) (Zip Code) (County)

Home Telephone: (____) _____ Work Telephone: (____) _____

Fax: (____) _____ E-mail Address: _____

PERMANENT ADDRESS

Contact Name: _____

Mailing Address: _____

(City) (State) (Zip Code) (County)

Home Telephone: (____) _____ Work Telephone: (____) _____

Fax: (____) _____ E-mail Address: _____

UNDERGRADUATE UNIVERSITY

Institution/Dates of Attendance	Degree Awarded	Major/Degree and Minor	GPA	Graduation Date

REFERENCES

Under the Privacy Act of 1974, you have the right to access the information provided in the letters of recommendation unless you have waived such access. Please indicate your decision for each reference.

1. Name: ☐ Dr. ☐ Ms. ☐ Mr. _____

(First Name)(Middle Initial)(Last Name)(Other/Previous Names)

Employment Institution: _____

Daytime Telephone: (_____) _____ E-mail Address: _____

I ☐ do ☐ do not waive access to this recommendation.

2. Name: ☐ Dr. ☐ Ms. ☐ Mr. _____

(First Name)(Middle Initial)(Last Name)(Other/Previous Names)

Employment Institution: _____

Daytime Telephone: (_____) _____ E-mail Address: _____

I ☐ do ☐ do not waive access to this recommendation.

3. Name: ☐ Dr. ☐ Ms. ☐ Mr. _____

(First Name)(Middle Initial)(Last Name)(Other/Previous Names)

Employment Institution: _____

Daytime Telephone: (_____) _____ E-mail Address: _____

I ☐ do ☐ do not waive access to this recommendation.

ADDITIONAL INFORMATION

1. How did you hear about the CCR/NCI Fellowship Program in partnership with The Johns Hopkins University MS in Biotechnology Program?

☐ Brochure/Mailing ☐ Print Ad ☐ Web ☐ Colleague ☐ Alumni/Student ☐ Email ☐ Human Resources

Other, Please Explain: _____

2. How would you describe yourself? (Optional question, will not be used in any admission decision)

☐ African American
☐ Alaskan Native
☐ Chinese American
☐ Japanese American
☐ Korean American
☐ Caucasian

☐ Native American
☐ Mexican American
☐ Puerto Rican
☐ Other Hispanic
☐ Pacific American
☐ Other: _____

Gender: ☐ Male ☐ Female

SIGNATURE OF APPLICANT

DATE